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FRIENDS AND COLLEAGUES MOURN DEATH OF WILTON L. HALVERSON, FORMER STATE DIRECTOR OF PUBLIC HEALTH

Wilton L. Halverson, M.D., California's Director of Public Health from 1943 to 1954, died suddenly June 8, 1961, in an airplane en route from Los Angeles to Portland. His son, who met the plane at the Portland airport, said his father had been ill for some time and had recently suffered a fall at his home in Glendale. Dr. Halverson, 64, died quietly while asleep on the plane.

The following is a brief statement made by Malcolm Merrill, M.D., who succeeded Dr. Halverson as State Director of Public Health, as he opened a general staff meeting a few days after Dr. Halverson's death.

"The highest cannot be spoken. It can only be acted." This was one of the favorite quotations of our esteemed former Director, Dr. Wilton L. Halverson; it was repeated at his memorial service in Los Angeles yesterday.

"In sketching Dr. Halverson's career, Dr. Walter Macpherson, President of the College of Medical Evangelists, said at the same service, 'The contributions he made to public health through the reorganization and development of the California State Department of Public Health will serve as a monument and a guide for generations to come.'

"In the passing of Dr. Halverson, public health has lost a great states-



Wilton L. Halverson, M.D.

man and those of us who were privileged to know him and to work with him have lost an esteemed friend and former colleague. Public health in California and particularly our Department owe much to his genius."

Born in Litchfield, Minnesota, Dr. Halverson received his B.A. degree from Union College in Nebraska, his M.D. from the College of Medical Evangelists, Loma Linda, California, in 1929, and his Dr.P.H. from Yale University in 1932.

He was health officer of Los Ange-

les County at the time he was appointed State Director of Public Health by Governor Earl Warren. The greatest progress in public health development California had ever known was achieved under his administration. He became an international figure in public health and because of his leadership the Department attracted nationwide attention.

Dr. Halverson served two terms as a member of the board of Scientific Directors of the International Health Division, Rockefeller Foundation, was alternate delegate from the United States to the First World Health Organization's Executive Board in 1948. In 1951 he headed a team of public health experts to review the program of the Institute of Inter-American Affairs in Latin-America.

Dr. Halverson held the presidency of the State and Territorial Health Officers Association in 1949, of the U.S.-Mexican Border Public Health Association in 1951-52, and of the American Public Health Association in 1952-53.

After 11 years as State Director of Public Health, he resigned in 1954 to accept the chairmanship of the Department of Preventive Medicine and Public Health of the University of California School of Medicine at Los Angeles. He has also been associate dean of the University of Cali-

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A COMMUNITY SPONSORED PRE-SCHOOL HEALTH SCREENING PROGRAM

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This is a report of a pilot pre-school health screening program for selected conditions. It is somewhat unique in that it was planned, coordinated and carried out largely through the efforts of a community health committee comprised of lay and professional people. The committee obtained the voluntary support and participation of community physicians, dentists, dental hygienists, nurses, and other persons including various voluntary health agencies and the Health Department.

The program, offering hearing and vision screening tests, dental education and examinations, and immunizations against diphtheria, whooping cough, tetanus, smallpox and polio, was conducted during the last four months of the 1959-60 school year. One hundred and seventy children (three to six years old) were screened. Thirteen of these children were found to have hearing or vision difficulties. Twenty-six were found to have an oral or dental condition which would require further study and possible remediation. Follow-up showed that the parents of all the children followed through on the recommendations made by the doctor or dentists. More than half of the children received the immunizations offered at the recommended intervals.

The Committee on School Health of the American Academy of Pediatrics recommends a health appraisal of the pre-school child prior to entering school.¹ The high incidence of health problems in this age group provides evidence of the need for routine medical reappraisal. In a recent study of pre-school children, 55 percent of those in their fifth year had at least one health problem.^{2,3}

Members of the Hollywood-Wilshire Coordinating Councils' Health Committee felt that most babies in the area they serve were under medical supervision from birth through the second year of life. This medical supervision could have been obtained from one or more of the following: (1) the family physician; (2) the family pediatrician; (3) a part-pay

clinic; or, (4) a Well Baby Clinic in the Hollywood-Wilshire Health Center of the Los Angeles City Health Department. It was also felt that many parents assumed their child had been adequately supervised and immunized during this two-year period, and no further preventive attention would be necessary until the child reached the school years. As a result the health of the three-to six-year old child is often neglected.

This pre-school health screening program was initiated as an attempt to detect, identify, and arrange for remediation of defects of pre-schoolers in the Hollywood-Wilshire Health District (one of nine health districts of the Los Angeles City Health Department), so that these children might enter school in better health for better achievement.

Following a successful year (1958-1959) of providing hearing and vision screening tests to pre-school children in this district, the pre-school program sub-committee of the Coordinating Councils' Health Committee, which had previously conducted the screening program, decided to improve and expand the program. The revised program continued the hearing and vision tests, but augmented these health services with dental education and examinations plus the immunizations mentioned above.

Its service began March 11, 1960 at the Hollywood-Wilshire District Health Center and continued on alternate Fridays between 10:00 a.m. and 2:00 p.m. Volunteers from the Health Committee and Parent-Teacher Councils of the Hollywood and Wilshire areas were recruited and trained to give the hearing and vision tests. Immunizations were given by the professional staff of the Health Center. Volunteers furnished by the Los Angeles Dental Society (dental hygienists and auxiliary members) gave the dental examinations and individual health education instructions on care of the teeth and mouth. The chairman of the program, Mrs. Shirley Rubbaum, R.N., a volunteer, had been trained for the program the preceding year by the California Chapter of the National Association for the Prevention of Blindness. She provided train-

ing for this year's volunteers in the proper administration of vision screening tests. Ambco Company furnished the hearing testing device and a company representative trained the volunteers in its effective operation.

The program proceeded as follows:

When parent and child arrived at the center they were registered. Name, address, age, home telephone number, and school district were recorded. All other data pertinent to screening and immunization were also listed.

Either vision, hearing, or dental examination came next. Children and parents were usually sent to whichever testing station was the least busy, thus minimizing the total time required for the screening procedures.

Vision screening was done by means of the Snellen chart, which was placed at eye-level (child's) on the wall of one end of the room. Twenty feet back from the wall were "footprints" (cardboard) upon which the examinee was to place his feet. Illumination was uniform throughout the room and maintained at the proper intensity. To surmount any semantic or other communication difficulties between the young and old, the capital letter E was likened to a table which had a flat "top" and straight "legs." The examinee was to indicate which way the "legs" pointed. After one or two trials to determine the child's understanding of the directions, the screening proceeded. Although some children had slight difficulty in understanding what was wanted, there was only one child who could not proceed with the testing because communication could not be established. Throughout the program, parents were plainly in view of the children. Results of the examination were recorded on a card which the parent retained. A record was also kept by the volunteer for sub-committee files. The hearing tests were conducted with a pure tone audiometer designed for screening purposes. During screening, the intensity of 15 decibels was held constant and the "sweep check" technique was used for the frequencies, 500-6,000 cycles per second. Screening was conducted in a room which was removed spatially and structurally from as much external

* This co-author contributed to the program by working eight hours a week during the semester as a field training student in public health fulfilling a requirement for his master's degree.

noise as possible. Rapport between the tester and child was no real problem. Several practice sounds were transmitted via the earphone and when the child heard the sound he was instructed to signal so either by saying "Yes" or by nodding his head, or by sticking out a finger from his closed hand. At least one of these methods was found satisfactory for each child. Several children were asked to make return visits when recent colds or nasal congestion were discovered, since either of these conditions impairs otic sensitivity.

Dental examinations for carious teeth and individual health education instructions for care of the teeth and mouth were services administered by the Los Angeles Dental Society's representatives. The room in which this screening and education was done contained a plethora of colorful and informative posters, charts, and cartoons all supplied by that society. Pamphlets concerning oral and dental care were distributed to parents, and at the same time they were informed of their child's health status in these areas.

The immunization portion of the pre-school program was intentionally placed last, for it was desired that the cries of injected children not set up emotional reactions in the other children who were at an earlier stage in the program. These cries might interfere with other screening procedures. By intention, the room conventionally used to give injections is adjacent to an exit door leading to the outside. This allowed for hasty exit of parent and noisy child. Immunizations needed were already recorded on a card filled in at the registration desk, the first step for the incoming parent and child. The Hollywood Health Center staff member in charge of giving the immunizations quickly reviewed the immunization history and recent history of illness. This was to determine the relative advisability of giving an injection on the day of the visit. Those children in good health and needing immunizations received them. Those with a history of recent illness or mild health upset made arrangements to come back at a later date.

Health pamphlets on the eye, the ear, and communicable diseases (which included a chart for parents to keep an account of the dates and types of immunizations the child had

received) were distributed to the parents as they left.

A diagnostic follow-up clinic was established at the center, so that a professional diagnosis could be made on those children who did not successfully complete the screening tests. The specialists (volunteers) used in this phase of the program were a physician specializing in ear, eye, nose and throat disorders, and two dentists—an orthodontist and a pedodontist.

The screening program had discovered 13 children having suspected hearing or vision difficulties and 26 having some form of dental difficulty. All 29 were scheduled for a return appointment at the diagnostic clinic. The hearing losses of these were confirmed by two pure tone air conduction audiometric tests. These tests were made by an audiologist prior to the diagnostic clinic. Of the 13, two appointments were broken, one was ill, and 10 attended. Of those who attended, three were recommended for remedial visual care, six for hearing remediation, and one was found to need no special attention.

Of the 26 children isolated from the screening program as having some form of dental difficulty, the breakdown was as follows: two had already received dental care; 12 were referred to their own dentist for care; 12 failed to keep their appointment at the diagnostic clinic.

The diagnoses made by the physician and the dentists were sent to the family physician and dentist. A volunteer nurse followed through during the summer months (1960) to determine if remedial treatment had been completed. As mentioned above, parents of all children referred for treatment followed recommendations made during the diagnostic clinic. The schools which some of these children will attend will be notified of the diagnosis and/or treatment for inclusion on the pupil's health card.

It is significant that approximately 20 percent of the children examined in this program had some questionable condition which required further examination by a physician. In view of

these results, program continuation seems imperative in order to reach as many as possible of the pre-school population within the boundaries of the Hollywood-Wilshire Health District. Since follow-up was undertaken by each parent, all of these children should be able to enter school in fit physical condition for maximum benefit from learning experiences.

The initiation and completion of this program by the Health Committee and its further continuation would not have been possible without the approval, help and guidance of the Los Angeles County Medical Association; Los Angeles City Board of Education; Los Angeles Dental Society; Los Angeles City Health Department; Hearing Center of Metropolitan Los Angeles; California Chapter of the National Society for the Prevention of Blindness, and the financial assistance of the Beverly-Hollywood Hearing Society.

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- ² Wallace, H. M. et al: American Journal of Public Health 48: 1145, 1958.
- ³ Hartman, E. E. et al: A.M.J. Dis. Child. 99:67, 1960.

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CALENDAR

November 13-17

American Public Health Association
Annual Meeting, Detroit

DR. MILMORE REJOINS DEPARTMENT STAFF

Benno Karl Milmore, M.D., M.P.H., has assumed the position of Chief of the Bureau of Chronic Diseases of the California State Department of Public Health. Dr. Milmore succeeds Dr. Lester Breslow who has continued to



function as Acting Chief of the Bureau since his appointment as Chief of the Division of Preventive Medical Services in June, 1960.

Dr. Milmore is no stranger to the Department or to the Bureau of Chronic Diseases. From 1949 to 1953 he was assigned to the Department as diabetes consultant by the U. S. Public Health Service, and for nine months of that time served as Acting Chief of the Bureau of Chronic Diseases during Dr. Breslow's absence.

Dr. Milmore is a long-time resident of California. He is a graduate of the University of California, Berkeley, and received his medical degree from the University of California Medical School. His training in public health was taken at the Johns Hopkins University School of Hygiene and Public Health.

He has been with the U. S. Public Health Service since 1938, attaining the rank of medical director in 1954. During the war years he was engaged in typhus and malaria control work with Public Health Service units and was later assigned to the Navy for duty in Okinawa. Thereafter he served on the staff of the Marine Hospital in San Francisco as Chief of the Medi-

\$290,000 Granted Health Depts. For Special Study Projects

Funds totalling \$290,000 were recently allocated to local California health departments for new health service projects and studies, and for the continuation of seven other projects. The new ones are:

A demonstration by the *San Bernardino County Health Department* of preventive health measures for reducing accidents and illnesses among children attending summer camps. Approximately 80,000 children attending the 85 camps in the San Bernardino Mountains will be studied for frequency and nature of accidents, illnesses, and immunization status, and thereafter a preventive program developed.

The *Alameda County Health Department* will conduct a chest X-ray minifilm evaluation to determine new ways for detecting tuberculosis effectively and efficiently. Health departments have been concerned over the relatively low effectiveness at present of chest X-ray programs to detect tuberculosis in population areas where the disease is most common.

Dietary practices of senior citizens will be studied by the *Pasadena City Health Department*. Poor food practices constitute an important problem in the control of chronic disease among the aging. A group of Pasadena residents over the age of 60 will participate in the study which is designed to test educational procedures in improving their health through better understanding of proper diet. The project will enable local health departments to better serve the needs

of local Out-Patient Department. He subsequently received assignment to the Diabetes Section of the Health Service in various locations where he served as diabetes consultant as well as consultant in chronic diseases.

Dr. Milmore returns to the Department from the National Cancer Institute where he has been engaged in epidemiologic research since 1954. He has served as associate editor of the *Journal of the National Cancer Institute* and is a fellow of the American Medical Association, American Public Health Association, American Society of Tropical Medicine and Hygiene, American Diabetes Association, and American College of Preventive Medicine.

of this important segment of the population.

For some time the *San Mateo County Department of Public Health and Welfare* has been coordinating agency service to speed rehabilitation of families with special social and health problems. A one-year special project was approved with the objective of assisting in the health evaluation of the recipients of these services. Local interest is high in discovering ways of assisting families to regain self-sufficiency through improved health and training for employment.

The special projects program is part of the State Department of Public Health's endeavor to continually improve community health services, and to further development of health services provided by local health departments through demonstration and evaluation.

Participation in the program is on a competitive basis, calling for formal applications along with submission of project purpose and protocol. Before funds are approved, applications are reviewed by staff of the State Department of Public Health and consultants from universities, community health agencies, and the Conference of Local Health Officers.

Grant Awarded for Studying Air Pollution Statistical Methods

A grant of \$80,000 has been awarded by the National Institutes of Health for two years' work in the field of time series statistical methods for air pollution research. John R. Goldsmith, M.D., the California State Department of Public Health, and Frank Massey, Ph.D., University of California at Los Angeles, are the recipients.

The grant makes possible continuation of work done under a contract from the Air Pollution Division of the U.S. Public Health Service and which produced promising leads. The future research will attempt to develop new methods for studying the relationship between the measured levels of various pollutants and the possible effects which they may produce. Since all of these occur in a time sequence, the statistical problems to be studied are related to complications introduced because of the time relationships between air pollution and its possible effects. Staffing of the research effort is now under way.

Institutes in Social Work and Public Health Offered

Two institutes on the philosophy and practice of social work in the public health setting will be held in Los Angeles in July. Both are sponsored by the School of Public Health, University of California, Los Angeles, in conjunction with Continuing Education in Medicine and Health Sciences, University Extension, and will be held in the UCLA Medical Center.

Esther C. Spencer, Chief of the Bureau of Public Health Social Work of the State Department of Public Health, is a member of the faculty for the first institute, "Community Organization, Program Planning and Consultation," which will be offered July 5 through 18, daily from 9 to 11 a.m. Other faculty members are Morris Klapper, Lecturer in Community Organization at the New York School of Social Work, and Alfred H. Katz, Associate Professor of Social Welfare in Medicine, UCLA.

This course will consider the varying aspects of consultation and community organization performed by medical social consultants and other social practitioners involved in the mobilization and furtherance of resources on behalf of clients, groups, and communities.

The second course, "Disability in the Family: Group and Individual Approaches to Parents and Children in a Community Health Program," will be offered from July 17 through 28, 3 through 5 p.m. This course will consider the psychological and social problems associated with emotional and physical disability in children and their parents; individual and group diagnostic and treatment approaches, and the utilization of community resources in the maintenance of individual and family health. Harris B. Peck, Associate Professor of Albert Einstein College of Medicine in New York, will be instructor.

One unit of credit will be granted for each institute. The fee for each course is \$30.

Public school curricula in fewer than half the states provide instruction that includes venereal diseases and only 12 states indicate that such instruction is included in parochial school curricula. The statistics are based on replies from health departments of all 50 states.—*Social Health News*, Mar., 1961.

Rehabilitation Nursing Workshops to Be Offered

University of California Medical Extension's annual Rehabilitation Nursing Workshop, offered each year at Rancho Los Amigos Hospital in Downey will be expanded this year to include three separate programs.

On October 16-27, a two-week rehabilitation nursing workshop, X 407 AB will be offered. February 5-16, 1962, the same program will be offered again.

In May of 1962, X 407 CD, the latter half of the course, will be offered. Exact dates will be announced later.

The courses offer two units of credit. Short and intensive, they last for approximately eight hours daily, Monday through Friday for two weeks.

The course has hitherto been limited in its enrollment, but this year the program has been expanded because of the availability of new facilities.

Information concerning this and other medical extension courses may be obtained from Thomas H. Sternberg, M.D., Assistant Dean in charge of postgraduate medicine, University of California Medical Center (Bradshaw 2-8911 or GRanite 8-9711, Extension 7219), Los Angeles 24.

Motor Vehicle Control Board Goes Into Testing Stage

The Motor Vehicle Pollution Control Board is currently involved in a testing program for devices which will control emissions from two sources.

Testing for devices to control crankcase emissions which amount to about 25 percent of the automobile's contribution to smog are now under way in various manufacturers' plants throughout the United States. The Board has specified the testing procedures and the manufacturer will do the tests in accordance with those procedures in his own plant or in contract laboratories. An engineer from the staff of the Board is checking and supervising those tests. The present goal is to certify two or more devices to control crankcase emissions by this month.

This early date is feasible because of the hundreds of thousands of California automobiles already equipped with such devices which are in good working order and which have dem-

Public Health Positions

Los Angeles City

Public Health Educator: Salary range, \$545 to \$677. Completion of one year graduate study in public health education in a school of public health accredited by the American Public Health Association, and one year of professional experience or full-time teaching experience at the high school or college level required. Experience may be substituted for graduate work. Apply Los Angeles City Hall, Room 5, Los Angeles 12, California. Madison 4-5211, Ext. 2442.

Placer County

Staff Sanitarian: Salary range, \$458 to \$556. Generalized program; requires California registration; liberal personnel benefits. Apply Placer County Personnel Office, Courthouse, Auburn, California.

San Diego County

Crippled Children's Services Chief: Salary range, \$616 to \$749. Two years of study in an accredited School of Social Work, including field placement, is required, plus four years of progressively responsible social work experience, including two years in a supervisory capacity. Two years of experience must have been in a medical or medical rehabilitation setting. Apply to the San Diego Department of Civil Service and Personnel, Civic Center, San Diego, California.

Sonoma County

Health Education Director: Salary range, \$470 to \$564. May start at second or third step, depending on qualifications. MPH required, or one year graduate study in public health and one year's experience. Write Civil Service Commission, 2555 Mendocino Avenue, Santa Rosa.

Yolo County

Public Health Nurse: Salary range, \$373-\$455, increase expected later this year. Car allowance 8¢ per mile.

Sanitarian: Salary range, \$373-\$455, increase expected later this year. Car allowance 8¢ per mile.

To apply for either of these positions, write to Herbert Bauer, M.D., Yolo County Public Health Director, Woodland, California.

onstrated their ability to control emissions from the crankcase.

The control of exhaust emissions is a far more complicated procedure and is still in the developmental stage by most manufacturers. The testing for these devices will be done by the Motor Vehicle Pollution Control Board using the Automotive Laboratory of the Los Angeles County Air Pollution Control District.

Aspirin can turn into a dangerous drug and cause internal bleeding when consumed too avidly, two physicians from LSU School of Medicine reported to the American College of Gastroenterology.—*AMA News*, Nov. 14, 1960.

Crop Damage from Air Pollution Noted in 11 Percent of State

Agricultural damage has been spreading from the metropolitan centers over the last decade until the surveys conducted by the agricultural extension service of the University of California have found evidence of it in 26 counties.

In its report of January 12, 1961, to Governor Edmund G. Brown and the Legislature, the California State Motor Vehicle Pollution Control Board reported that a total of 14,463 square miles, approximately 11 percent of the area of the state has experienced agricultural damage from air pollution in recent years.

While the largest areas affected are around the San Francisco Bay and the coastal strip north and south of Los Angeles the extension inland embraces some of the most productive agricultural regions in the state. Isolated centers of pollution around Fresno and Bakersfield and the affected area extending southward from San Joaquin County and northward through Sacramento County indicate that this problem is not solely metropolitan in origin. The population centers in the Central Valley, the Delta, and the South Coastal Region are also capable of producing photo-chemical air pollution harmful to agriculture.

It is evident from this report that while the battle against industrial air pollution is being waged with increasing success in the metropolitan centers, ground is steadily being lost to air pollution in many of our most important agricultural regions.

Studies of Lead in Atmosphere Now Under Way in Los Angeles

The Air Pollution Division of the Public Health Service is investigating the presence of atmospheric lead in several cities in the country, including Los Angeles. The air over the cities is first being sampled and measured for lead contaminants from a variety of sources including the exhaust from automobiles. Second, medical studies will evaluate lead levels in blood and urine of both average population groups and others whose work exposes them to high concentrations of auto exhaust. In addition, special studies may be made of carbon monoxide and airborne lead in such locations as

REPORTED CASES OF SELECTED NOTIFIABLE DISEASES CALIFORNIA, MONTH OF MAY, 1961

Disease	Cases reported this month			Total cases reported to date		
	1961	1960	1959	1961	1960	1959
Series A: By Place of Report						
Amebiasis	46	20	83	262	153	268
Coccidioidomycosis	20	21	25	80	114	112
Measles	10,048	4,644	6,276	28,714	15,189	31,169
Meningococcal infections	16	9	16	105	98	108
Mumps	3,051	3,145	1,381	16,548	13,443	7,195
Pertussis	250	152	190	804	635	1,019
Rheumatic fever	12	15	18	51	70	66
Salmonellosis	142	109	75	551	427	374
Shigellosis	210	145	109	807	692	612
Streptococcal infections, respiratory	1,637	2,568	1,726	8,894	15,944	10,962
Trachoma	--	71	--	4	78	21
Series B: By Place of Residence						
Chancroid	9	8	5	61	56	29
Conjunctivitis, acute newborn	2	--	--	4	8	3
Gonococcal infections	1,948	1,393	1,340	9,245	7,514	6,666
Granuloma inguinale	--	2	--	2	7	--
Lymphogranuloma venereum	--	5	--	4	17	12
Syphilis, total	777	651	583	3,190	3,222	2,803
Primary and secondary	155	123	88	655	604	425
Series C: By Place of Contraction						
Botulism	--	--	--	--	--	2
Brucellosis	2	2	--	11	7	6
Diarrhea of the newborn	3	--	5	23	6	12
Diphtheria	--	--	3	--	--	4
Encephalitis	63	48	25	205	216	160
Food Poisoning (exclude botulism)	147	212	95	1,297	710	625
Hepatitis, infectious	589	403	186	2,625	1,606	1,097
Hepatitis, serum	20	8	10	83	39	32
Leprosy	3	--	1	6	4	7
Leptospirosis	1	--	--	4	--	2
Malaria	2	--	1	4	--	10
Meningitis, viral or aseptic	49	31	28	170	164	158
Plague	--	--	--	--	--	--
Poliomyelitis, total	9	13	15	37	72	74
Paralytic	9	11	14	31	62	64
Nonparalytic	--	2	1	6	10	10
Psittacosis	3	--	2	7	8	9
Q Fever	9	6	1	19	21	7
Rabies, animal	22	7	12	111	59	40
Rabies, human	--	--	--	1	--	--
Relapsing fever (tick borne)	--	--	--	--	--	--
Rocky Mountain spotted fever	--	--	--	--	--	1
Tetanus	3	8	3	10	11	16
Trichinosis	--	--	--	8	1	2
Tularemia	1	1	--	1	2	--
Typhoid fever	4	1	10	21	16	30
Typhus fever (endemic)	--	--	--	2	--	--
* Other—Anthrax	--	--	--	1	--	--
Tuberculosis ¹	--	--	--	2,026	2,203	2,330

* This space will be used for any of the following rare diseases if reported: Anthrax, Cholera Dengue, Relapsing Fever (louse borne), Smallpox, Typhus Fever (epidemic), Yellow Fever.

¹ Tuberculosis cases are corrected to exclude out-of-State residents and changes in diagnosis; monthly figures are not published.

garages and vehicular tunnels where they are presumed to be concentrated.

The California State Department of Public Health has responsibility for the year-long study in Los Angeles. Cooperating local agencies include the Los Angeles County Air Pollution Control District, the Los Angeles County Health Department, the Vernon City Health Department, University of California at Los Angeles, and California Institute of Technology.

Other cities where levels of atmospheric lead are being investigated are Philadelphia and Cincinnati.

These studies are the outgrowth of recommendations on tetraethyl lead made by a special advisory committee to the Surgeon General of the Public Health Service. The committee suggested that the Public Health Service, in collaboration with manufacturers of tetraethyl lead and other appropriate organizations, conduct studies to help develop hygienic standards for atmospheric lead and to learn more about the body burden of lead in various selected population groups.

Los Angeles Suicide Prevention Center

A Suicide Prevention Center, dedicated to saving lives and to furthering basic research on the phenomena of suicide, has been in operation in Los Angeles since 1958. It is supported by a five-year project grant from the U.S. Public Health Service, and was established for the evaluation, referral, treatment, follow-up and over-all prevention of suicidal behavior.

The activities of the Center are directed toward three primary goals, the first of which is to save lives. The staff makes psychiatric, psychological, and sociological evaluations of persons who are in the midst of a suicidal crisis, and then either gives treatment or refers them to a community agency or private clinic.

The second goal is to demonstrate that such a center can play a vital role in the health and welfare activities of a large metropolitan community and can establish itself so that the community will eventually wish to maintain and support it; and that such a center might serve as a model for other communities to adapt to their own specific needs.

The third goal of the Center is to collect and collate heretofore unavailable data regarding suicidal phenomena and to employ this scientific information to develop and test hypotheses concerning suicide. It is felt that this procedure will lead to more accurate predictions of attempted suicides, and, hopefully, will lead ultimately to lower suicide rates.

The Suicide Prevention Center grew directly out of a recognized need to fill a gap in community resources. According to Edwin S. Shneidman, Ph.D., Co-Project Director, "the fact that little organized community effort has been directed against suicide, and that there are few systematic preventive activities or research projects concerned with it, probably relates to the taboo nature of the topic. It is well known that other decimators, like tuberculosis, venereal disease, cancer—all of which were similarly tabooed until the bright light of treatment and research were focused on them—can now be diagnosed, treated, and prevented, unhampered by either hush-hush or neglect."

Since there are as many as 6,000 persons in Los Angeles who make serious attempts at suicide each year, the

Center obviously cannot effectively treat all of them. Therefore the staff sees mainly those who have been hospitalized in the Los Angeles County Hospital for medical treatment as a result of a suicide attempt.

They also see a "representative sample" of suicide attempters selected from a comprehensive study of the total population of suicide attempters in the county. Information for this study was obtained by contacting each of the 8,000 physicians and the 16 municipal emergency hospitals in Los Angeles County.

Community agencies and physicians also refer to the Center individuals who may be threatening or considering suicide, and there are a certain number of self-referrals.

The Center addresses itself primarily to the intrapsychic and social aspects of the suicidal behavior rather than to the purely medical aspects of the attempt. Processing consists of extensive psychiatric interviews, psychological testing, and social work investigation. The patient is then referred for treatment to a community agency, a public or private treatment facility, or sometimes for psychotherapy to the Center itself. Arrangements are made for obtaining follow-up data from the various treatment centers to which patients are referred, thus permitting an evaluation of the effectiveness of various methods of treatment.

Liaison has been established with agencies in the community which deal with mental health problems, and over 50 social agencies have been contacted which might need to know of the existence of the Center, or wish to use its consultative services.

One agency which makes extensive use of the Center is the county coroner's office. The Los Angeles coroner has designated the staff of the Center as his "suicide team." The team attempts to clarify those cases in which the cause of death is clear (as for example, a lethal dose of pentobarbital) but the mode of death—whether accident or suicide—may not be clear at all. In such cases, the team obtains a great deal of information from a number of persons who knew the deceased, and analyzes in detail the last day of his life. These data are reviewed with the coroner at sessions known as "psychological autopsies." This service has already demonstrated itself to be useful in furthering the

Paralytic Poliomyelitis Strikes Unvaccinated of All Ages

More than 70 percent of the paralytic polio cases recorded in California every year occur in the under-twenty age group. The most poorly immunized age groups in the State are preschool children under the age of five and adults over the age of 20.

However, there were 10 paralytic cases over the age of 40 reported last year. One of these had received a single injection of Salk vaccine while the remainder had not been vaccinated at all. This clearly points out the need for vaccination over the age of 40, as well as for vaccination of the younger groups.

Major efforts are now being made nationally and in California to immunize as many people as possible before the new polio season gets underway. It is reemphasized that the new oral type of vaccine will not be available in quantities for general use this summer and every effort should be made to encourage Salk vaccine immunization for all, regardless of age.

The reported incidence of paralytic polio in California through June 3 has been lower than at the same time period a year ago. Since January 1 there have been 31 reported cases, as against 55 in 1960.

However, it must be stressed that it is still too early to predict how extensive the incidence will be since the seasonal increase in polio usually begins in June.

mental health of the survivors of the deceased.

A specific proportion of staff time is devoted to basic research activities, using suicide notes, details of the psychiatric case histories, results of psychological tests, social service data, information from the coroner's office, and ecological and sociological data from the community. Names of individuals are never used.

The professional staff of the Suicide Prevention Center consists of 10 persons—psychiatrists, psychologists, and psychiatric social workers. The project is administered jointly by Edwin S. Shneidman, Ph.D. and Norman L. Farberow, Ph.D.

The Center is located on the grounds of the Los Angeles County Hospital. Visits by qualified professional personnel are welcomed.

Halverson Death

(Continued from Page 1)

fornia School of Public Health, in charge of the Department of Public Health on the Los Angeles campus.

In 1956 the Association of State and Territorial Health Officers conferred the Arthur T. McCormack Award to Dr. Halverson in recognition of his "distinguished service in the fields of local, state and international health." Recognition was given to Dr. Halverson for his administrative leadership in reorganizing the California State Department of Public Health in 1943-44 and for the development of new programs within the Department. The award also cited his successful sponsorship of State legislation which established the Conference of Local Health Officers and created a state subsidy for local health work.

Two days after his death, a resolution prepared by Senator Richard Richards of Los Angeles was read and unanimously adopted by the State Senate. It read, in part: "In addition to all the high honors accorded Dr. Wilton L. Halverson, he commanded to an unusual degree the personal esteem and affection of those who knew him best, having demonstrated not only intellectual attainments but a kindly and sympathetic demeanor toward his fellow man . . ."

Dr. Halverson is survived by his wife, Hazel, of Glendale; two sons, Harold, a Portland physician, and Robert, a Santa Maria dentist; and five grandchildren.

Road Construction Health Hazards To Be Studied at Donner Summit

The possible health hazards to road construction crews from the dusts, fumes, noise and vibration caused by heavy equipment will be measured this summer on the Highway 40 freeway construction project over the Donner Summit.

The study, to be conducted by the Bureau of Occupational Health of the California State Department of Public Health, has been prompted by questions as to whether increased mechanization in highway construction and other earth-moving projects creates hazards to health.

The bureau has received several complaints about illnesses reportedly caused by dusts generated during dry drilling on highway construction and of ear damage from the noise of certain pieces of heavy equipment. Similar investigations have been made on tunnel construction and for a major railroad company.

During the 10- to 12-day field study to be made in the latter part of this month, the dusts, fumes, noise and other possible hazards encountered by construction crews will be measured and evaluated. If working conditions are found that may result in eventual illness or disability, the contractors will be notified and assisted in taking the steps necessary to eliminate or control the hazard.

The study will be conducted in cooperation with the State Division of Highways and the State Division of Industrial Safety.

Personals

Raymond E. Leach, Chief of the San Diego Department of Public Health Laboratory, has been named San Diego County Employee of the Year. Co-workers report that Mr. Leach has made extraordinary efforts to be alert to new developments in his profession and has put many new ideas to work in the laboratory, as well as assuming a wide variety of community responsibilities.

Lancet, a weekly medical journal published in London since 1823, reviewed three recent publications of the Division of Alcoholic Rehabilitation, California State Department of Public Health, in the Annotations section of the March, 1961, issue: "A Study of Community Concepts and Definitions (part I)": Selected "Aspects of the Prospective Follow-up Study (a preliminary review)"; and "Criminal Offenders and Drinking Involvement (a preliminary analysis)".

The fact that an ever increasing number of schools require physical examinations of employees as a condition of entering and continuing employment demonstrates that they are recognizing the value of a program that progressive commercial and industrial organizations have utilized for many years.—*Health Examination of School Personnel*, Joint Commission on Health Problems in Education, NEA and AMA.

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